

Boeker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-276)						SERIAL NO. 10/088089	FILING DATE
						CLAIMS	
AS FILED	AFTER		AFTER		* IND.	* IND.	* IND.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT			
1					61		
2					62		
3					63		
4					64		
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33					93		
34					94		
35					95		
36					96		
37					97		
38					98		
39					99		
40					100		
41					TOTAL IND.		
42					TOTAL DEP.		
43					TOTAL DEP.		
44					TOTAL CLAIMS		
45							
46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS	22	37	37				23

Best Available Copy